

## Application for SBE Membership

Last Name		First		M.I.	Date
Street Address					
City		State		ZIP	
Home Phone		Cell Phone		E-mail	
				Social Security No.	
Are you a U.S. Citizen?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been a member of a school board?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony against children or young adults?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.	

<i>Please list three references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	

***Preliminary Questions***

1. Why are you applying to be a member of the State Board of Education?

2. What relevant experience do you have working with children and young adults?

3. What would you do to improve education today? (500 Word Limit)

Please submit application materials (via email) **no later than 4:30 p.m. PDT, June 16, 2011** to:

Ms. Loy McColm  
loy.mccolm@k12.wa.us  
360-725-6027

***Disclaimer and Signature***

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to appointment to the Board, I understand that false or misleading information in my application or interview may result in my release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date